



**ALISON LUNDERGAN GRIMES
SECRETARY OF STATE**

WITHDRAWAL FROM PARTICIPATION IN ADDRESS CONFIDENTIALITY PROGRAM

- Instructions: 1. Print in black or blue ink or type.
 2. This is a **two-page** form. Complete both pages, sign and date where indicated on second page.
 3. Return the completed form **by mail or in person** to the address listed at the bottom of the second page.

FILER'S INFORMATION , if being completed by someone other than program participant (30 KAR 6:010)	
Name of Filer (first, middle, last)	Filer's Relationship to Program Participant
Filer's Address (number and street, city, state and ZIP code)	Filer's telephone number () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other

PROGRAM PARTICIPANT INFORMATION (30 KAR 6:010)	
This form is being completed by: <input type="checkbox"/> Applicant <input type="checkbox"/> Parent or guardian on behalf of minor applicant <input type="checkbox"/> Guardian of applicant declared incompetent <input type="checkbox"/> Designee of an applicant, parent or guardian of a minor, or guardian of a person declared incompetent who cannot apply for him or herself	
Name of Program Participant (first, middle, last)	Participant Number

WITHDRAWAL REQUEST (30 KAR 6:010)
<p>I request, or the program participant on whose behalf this Withdrawal from Participation in Address Confidentiality Program is submitted requests, to withdraw from the Address Confidentiality Program. This Withdrawal from Participation in Address Confidentiality Program is being submitted voluntarily.</p> <p>I understand that program participation will be terminated ten (10) days following the date on which the Secretary of State mails a written confirmation of withdrawal, unless the program participant or a filer notifies the Secretary of State on or before that date that the Withdrawal from Participation in Address Confidentiality Program was not legitimate because it was not voluntarily submitted by the program participant or a filer.</p>

SIGNATURE OF PROGRAM PARTICIPANT OR FILER (30 KAR 6:010)

Printed Name of Program Participant or Filer Signature of Program Participant or Filer Date

THIS FORM SHALL BE EITHER (A) SIGNED BY A REPRESENTATIVE OF AN OFFICE DESIGNATED UNDER KRS 14.310 AS A REFERRING AGENCY WHO ASSISTED IN ITS PREPARATION, OR (B) NOTARIZED.

SIGNATURE OF AGENCY REPRESENTATIVE, if applicable (30 KAR 6:010)

I am a representative of a referring agency designated pursuant to KRS 14.310 and assisted program participant or filer in preparing this Withdrawal Request.

Printed Name of Representative & Agency Signature of Representative Date

NOTARIZATION (30 KAR 6:010)

State of Kentucky
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____.

Notary Public
Commission Expires:

Please return completed form to:
Address Confidentiality Program
c/o Secretary of State's Office
Michelle Starkweather / Program Coord
700 Capital Ave / Suite 152
Frankfort, KY 40601

Contact Information:
SOS.KY.GOV (Website)
(844) 292-KACP (5227) (Toll free)
(502) 564-5687 (Fax)
KACP@sos.ky.gov

For ACP Use only:

ACP # _____

Received: _____ By: _____